

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000450

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 525

STATE FILE NUMBER

FILED JAN 29 1962

1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Poplar Bluff

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Poplar Bluff Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Dunklin

c. CITY

OR TOWN

Campbell

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location) RFD #1

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First HILLIS

Middle OBIE

Last BORDERS

4. DATE OF DEATH

Month January

Day 18

Year 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Mar. 9, 1917

9. AGE (last birthday)

44

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Campbell, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME

Robert H. Borders

13b. MOTHER'S MAIDEN NAME

Elvira Edwards

14. NAME OF HUSBAND OR WIFE

Blanche Borders

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service) no

17. INFORMANT

Address

Blanche Borders Campbell, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for terminal and non-terminal causes)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1-15-1962

to 1-18-1962

and last saw her alive on

1-18-1962

Death occurred at

5:50

a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank G. Danelli

22b. ADDRESS

215 Oak St Poplar Bluff, Mo.

22c. DATE SIGNED

1-22-62

23a. BURIAL CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 20, 1962

23c. NAME OF CEMETERY OR CREMATORY

Bethany Cemetery

23d. LOCATION (City, town, or county)

Campbell (rural) Mo.

24. FUNERAL DIRECTOR

ADDRESS

Landess Funeral Home, Campbell, Mo.

25. DATE RECD. BY LOCAL REG.

1-25-62

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

JUL 6 1966

JAN 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard V. Beall

Licensed Embalmer No. 5116

P. O. Address Malden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.